



Complaint Guide & Form

Before contacting us, we encourage you to try to resolve your complaint with the WSIB.

Step 1. Phone or write the WSIB staff person you were dealing with when the problem arose

- Have your claim, firm or provider number handy.
- Explain what happened, what you think is unfair, and what you think should be done to fix the problem.
- Make notes of the conversation - who you spoke to, on which date and any agreed upon action.
- Call back if you have not heard from the person by the expected date.

Step 2. Escalate your complaint within the WSIB

If your complaint is not resolved in Step 1, you can escalate your complaint by raising it with a WSIB manager and, if necessary, using the WSIB's escalation process. If you encounter any difficulties in escalating your complaint, feel free to contact the Commission and we can point you in the right direction.

Step 3. Contact the Fair Practices Commission

The Commission can look into alleged unfair practices by the WSIB:

- What would you like the Commission to look into? A delay? A person's behaviour? Communication? An action or inaction? A practice? A policy?
- Tell us WHAT happened, WHO was involved, WHEN it happened. The Commission can only look into recent potentially unfair practices.
- What outcome are you seeking?
- List the steps you took to try to resolve the problem. The Commission cannot make, change or set aside WSIB decisions or policy.
- Do you have a representative? If so, you may provide us with their name and contact information, and provide consent for us to speak with your representative about your complaint.

You can call us at 416-603-3010 or 1-866-258-4383.

You can also submit your complaint by mail, fax, email or via our website:

123 Front St. W

Toronto, ON M5J 2M2

Fax 416-603-3021/1-866-545-5357

Email: complaints@fairpractices.on.ca

www.fairpractices.on.ca



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| Are you an: <input type="checkbox"/> Injured worker | Claim number: |
| <input type="checkbox"/> Employer | Firm number: |
| <input type="checkbox"/> Service provider | Provider number: |
| Name: | Telephone number: |
| Address: | |
| May we speak to WSIB staff about your concern? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If represented, what is your representative's name? | |
| Representative's address: | |
| Representative's telephone number: | |
| May we speak to your representative? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 1. What would you like us to look into? <input type="checkbox"/> Delay <input type="checkbox"/> Action/Inaction <input type="checkbox"/> Behaviour <input type="checkbox"/> Communication <input type="checkbox"/> Practice <input type="checkbox"/> Policy <input type="checkbox"/> Other | |
| 2. Why do you believe you have been treated unfairly? | |
| 3. What outcome or result are you hoping for? | |
| 4. What steps have you taken to try to resolve the issue? | |
| 5. Is this issue under active appeal? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, what is the decision date? | |
| Signature of Injured Worker/Employer/Service Provider: | Date: |